Commonwealth of Virginia Secretary of the Commonwealth

Application For Appointment As Notary Public

Instructions:

- 1. PRINT LEGIBLY OR TYPE ALL ANSWERS. PLEASE COMPLETE APPLICATION FRONT AND BACK.
- 2. Part 2 must be completed by an official empowered to administer oaths, e.g. a Notary, Clerk, or Deputy Clerk of a Virginia Court.
- 3. Part 3 must be completed by two (2) registered voters of the Commonwealth of Virginia.
- 4. Part 4 must be completed by one of the following: Judge, Clerk or Deputy Clerk of any court of this Commonwealth; a Commonwealth's Attorney or an Assistant Commonwealth's Attorney; the Attorney General or any of his/her Assistants; or a member of the General Assembly. Except for those listed herein, no other public official may sign Part 4.
- 5. Make check or money order for \$35.00 to the Treasurer of Virginia.
- 6. Return this application completed in full and your check or money order to: Notary Clerk, Office of the Secretary of the Commonwealth, Post Office Box 1795, Richmond, VA 23218-1795.

ľ	t I: (Ple	ase circle	one: Male, Female)		
	Name: _		nmission will read (<u>Extra Charge if Changed after Proc</u>		
	Mailing .	Address:	Number & Street or Post Office Box	City/Town	Zip Code
				·	•
	Present 1	Employer	:		
	Office A	ddress			
	Office 71		Number & Street or Post Office Box	City/Town	Zip Code
	Occupat	ion:			
	Circuit Cou	ırt in which	8 8 Home Telepho	ne Number 9 V	ork Telephone Number
	Please C	heck:			
	Yes	No			
			Are you at least 18 years old?	Date of B	irth:/
			Do you read and write English?		
	felony conviction,			Provide Date(s), Court(s), and Offense(s) for each	
			If yes: Date(s) of Conviction(s)	Court(s)	Offense(s)
			Have your Civil Rights been Restored If yes, please provide documentation		
			Are you currently serving as a Notar	v Public in Virginia?	

Part 2:		
I the undersigned Applicant do hereby swear (or affirm) of my knowledge and belief.	that the inf	ormation supplied herein is true and complete, to the best
		Signature of Applicant
City/County of	<u> </u>	
State/Commonwealth of		
Acknowledged and Sworn to before me this	_ day of	
		Signature of Notary, Clerk, or Deputy Clerk
Expiration Date		Official Title
		cument if the notary is a party to the document. An notarized the Applicant's signature.) I, the undersigned, a registered voter of the Commonwealth of Virginia, do hereby declare, to the best of my knowledge, that the Applicant is of sound moral character and is able to read and write the English Language.
Signature of Endorser		Signature of Endorser
Printed Name of Endorser		Printed Name of Endorser
Registered Voter in the City/County of		Registered Voter in the City/County of
Commonwealth's	Attorney or or any his/h	puty Clerk of any court of this Commonwealth; a an Assistant Commonwealth's Attorney court; the er Assistants; or a member of the General Assembly.) appointment as Notary Public.
Name of Official (Please Print)		Signature of Official
Title of Official		Data
NOTE D. I	(0.1 e	Date

NOTE: By law, you must claim your commission within 60 days after it is issued. If you fail to do so the commission becomes void, and you must submit a new application and a new fee to become a Notary.

You should receive notice that your commission has been issued within six or seven weeks. If you have not received such a notice by the end of seven weeks, check with the Secretary of the Commonwealth's Office by calling (804) 786-2441 or by writing through e-mail to socmail@governor.virginia.gov

Sometimes, notices are lost in the mail. It is up to you to check with the Secretary of the Commonwealth, if your notice is overdue. Failure to receive a notice will not permit you to receive a commission after the 60-day period has expired.

^{*}The Commonwealth of Virginia requests that each Notary Public Applicant submit a Social Security Number on a voluntary basis. This number is used as a unique number for the applicant and recipient identification in processing forms for application and appointment.

⁽Public Law 93-579, referred to as the Federal Privacy Act, became effective September 27, 1975. Section 6(b) of this law requires that any Federal, State or Local Agency which requests an individual to disclose his/her Social Security Number inform the individual whether that disclosure is mandatory or voluntary, by which statutory or other authority the number is solicited, and what uses could be made of it.)*